Emergency Department Procedure Note: Chest Tube

CPT Code: 32551

Date & Time: ________ @ _________

Procedure: Chest Thoracostomy with indwelling tube

Surgeon:

Preoperative Diagnosis / Indication: Traumatic pneumothorax / hemothorax / pleural effusion

Postoperative Diagnosis: Decompressed Pneumothorax / Drained hemothorax / Drained pleural effusion

Medications: 10 cc's of 2% lidocaine with epinephrine infiltrated. Sublimaze / Propofol for sedation.

Technique:

In obtaining informed consent, we explained the major steps of the procedure, the necessity for repeated chest radiographs and the possible complications including but not limited to bleeding, infection, reexpansion pulmonary edema, injury to internal organs during the procedure as well as anxiety, shortness of breath, cough and pain. The patient is also aware that in the event the tube becomes non-functional it may need to be removed and another tube may need to be placed.

After consent was obtained, the patient was then placed supine with the ipsilateral arm above [**his / her**] head. After donning cap, mask, sterile gown and gloves, the pt's [**left / right]** chest wall from mid-clavicular line to posterior axillary line and from axillae to costophrenic line was scrubbed thoroughly with chlorhexidine solution and allowed to dry. Sterile drapes were applied covering the patient's upper torso including face. Landmarks were identified between the 4th and 5th intercostal space. 10 cc's of 2% lidocaine with epinephrine was widely infiltrated subcutaneously for local analgesia. Using a 10 blade scalpel, the skin and subcutaneous tissues were incised parallel to the rib margins to a length of approx 3cm. Hemostats were then used to bluntly dissect down to the intercostal musculature. The parietal pleura was then punctured with large Kelly clamps and the jaws were opened widely which allowed an immediate escape of **air / blood / serous fluid**. A **[XX]** french chest tube **[with trocar]** was introduced into the pleural space to a level of **[XX]**cm at the skin. **[The trocar was removed as the tube was advanced into position.]** The skin was approximated first, via **2-0** silk sutures in a horizontal mattress above and below the chest tube, then the suture ends were tied around the indwelling tube. The tube was then placed to suction. Sterile petrolatum gauze was placed at the skin junction and covered with sterile 4x4's. The site was then taped with pressure tape and secured. The pleuravac was checked and no air leak indicated. The patient tolerated the procedure well. There were no complications. Followup CXR has been ordered for placement.